

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Dr. Jeremy Roth [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="109334.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="93990.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13900.00"/>	<input type="text" value="22850.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="107890.37"/>	<input type="text" value="132184.77"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6749.99"/>	<input type="text" value="31044.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="101140.38"/>	<input type="text" value="101140.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5850.00	5850.00
(ii) Unitemized .....	8050.00	17000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13900.00	22850.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	13900.00	22850.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	13900.00	22850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13900.00	22850.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	9344.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	9344.40
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	7200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	6249.99	14499.99
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6749.99	31044.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6749.99	31044.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13900.00	22850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13900.00	22850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	9344.40
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	9344.40

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Hasan Abed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 822 Stable Manor Road  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8983**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**B. Satinder Ajrawat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9905 Potomac Manors Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8987**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**C. Marc Azran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Hillsboro Drive  
 City Silver Spring State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8954**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **150.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Maksim Barkinskiy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10021 Dickens Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8948**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**B. Marc Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Norris Run Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8968**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**C. Jeffrey Briggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14952 Finegan Farm Rd  
 City Germantown State MD Zip Code 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8931**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. John Bunker**  
Full Name (Last, First, Middle Initial)

Mailing Address 15229 National Pike

City Hagerstown State MD Zip Code 21740

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
Transaction ID : SA11AI.8997

Amount of Each Receipt this Period 50.00

Memo Item  
Payroll deduction

**B. Donald Charney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3707 Meadowhill Court

City Phoenix State MD Zip Code 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
Transaction ID : SA11AI.8969

Amount of Each Receipt this Period 50.00

Memo Item  
Payroll deduction

**C. Satyam Chary**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Alterwood Lane

City Owings Mill State MD Zip Code 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
Transaction ID : SA11AI.8970

Amount of Each Receipt this Period 50.00

Memo Item  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Edward Chen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10209 Fleming Avenue  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8932**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**B. William Chester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 Thurston Rd.  
 City Dickerson State MD Zip Code 20842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8933**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**C. Charles Ciolino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11008 South Glen Road  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8949**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Lincoln Coore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11546 Fox River Drive  
 City Ellicott City State MD Zip Code 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.8804**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

**B. Lincoln Coore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11546 Fox River Drive  
 City Ellicott City State MD Zip Code 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 25 / 2016**  
**Transaction ID : SA11AI.8891**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

**C. Lincoln Coore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11546 Fox River Drive  
 City Ellicott City State MD Zip Code 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8977**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Melvin Coursey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18720 Shremor Drive  
 City Derwood State MD Zip Code 20855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8934**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**B. Lauren DeLoach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15114 Pepperridge Drive  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8990**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**C. Ali Emamhosseini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47788 Saulty Drive  
 City Sterling State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8953**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Richard Evans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6436 West Langley Lane  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8952**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**B. Tamara Gabrielli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 504 Reserve Champion Drive  
 City Rockville State MD Zip Code 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8999**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**C. Thomas Gambon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 Charleston Drive  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.9009**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Steven Grube**  
Full Name (Last, First, Middle Initial)

Mailing Address 13895 Foxtower Road

City Thurmont State MD Zip Code 21788

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.9000**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

**B. Keith Hairston**  
Full Name (Last, First, Middle Initial)

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8973**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

**C. Shelly Hairston-Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8996**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. John Hanna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 Leigh Mill Court  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8959**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

**B. Glen Hessinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 Ruxton Crossing Road  
 City State Zip Code  
 Towson MD 21204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8974**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

**C. Jean-Max Hogarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Randallwood Ct  
 City State Zip Code  
 Jarrettsville MD 21084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8975**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Nashwa Holt**

Mailing Address 110 Thrift Street

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8957**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Sung-Soo Hong**

Mailing Address 100 Croydon Road

City Baltimore State MD Zip Code 21212

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8976**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Michael Horn**

Mailing Address 500 Stonington Road

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8989**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Stuart Hough**  
Full Name (Last, First, Middle Initial)

Mailing Address 9110 Travener Circle

City State Zip Code  
Frederick MD 21704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
04 / 25 / 2016  
**Transaction ID : SA11AI.8761**

Amount of Each Receipt this Period  
75.00

Memo Item  
Payroll deduction

**B. Stuart Hough**  
Full Name (Last, First, Middle Initial)

Mailing Address 9110 Travener Circle

City State Zip Code  
Frederick MD 21704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2016  
**Transaction ID : SA11AI.8848**

Amount of Each Receipt this Period  
75.00

Memo Item  
Payroll deduction

**C. Stuart Hough**  
Full Name (Last, First, Middle Initial)

Mailing Address 9110 Travener Circle

City State Zip Code  
Frederick MD 21704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2016  
**Transaction ID : SA11AI.8935**

Amount of Each Receipt this Period  
75.00

Memo Item  
Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Leo Hsiao**

Mailing Address 115 Meridian Lane

City State Zip Code  
Towson MD 21286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 25 / 2016  
**Transaction ID : SA11AI.8984**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Sean Isaac**

Mailing Address 7 Starlight Farm Drive

City State Zip Code  
Phoenix MD 21131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 25 / 2016  
**Transaction ID : SA11AI.8982**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Devon Jeffers**

Mailing Address 1009 Crestfield Drive

City State Zip Code  
Rockville MD 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First Colonies Anesthesia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 25 / 2016  
**Transaction ID : SA11AI.8967**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. David Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Bootjack Drive  
 City Frederick State MD Zip Code 21702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.9001**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**B. James Kaufman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7514 Arrowood Road  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8960**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**C. Cynthia Kenol**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6579 Prestwick Drive  
 City Highland State MD Zip Code 20777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8936**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. HaengShik Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11429 Twining Lane  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8950**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**B. James Kim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7115 Kings Point Way  
 City Columbia State MD Zip Code 21046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8956**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**C. Richard Ko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6795 Stockwell Manor Dr.  
 City Falls Church State VA Zip Code 22043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8937**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Won Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6812 Koandah Gardens  
 City Highland State MD Zip Code 20777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.9008**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**B. Zakiya Lockhart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8750 Polished Pebble Way  
 City Laurel State MD Zip Code 20723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.8784**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

**C. Zakiya Lockhart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8750 Polished Pebble Way  
 City Laurel State MD Zip Code 20723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 25 / 2016**  
**Transaction ID : SA11AI.8871**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Zakiya Lockhart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8750 Polished Pebble Way  
 City Laurel State MD Zip Code 20723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8958**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

**B. Thomas Malone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11667 Fairmont PI  
 City Ijamsville State MD Zip Code 21754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.8830**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

**C. Thomas Malone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11667 Fairmont PI  
 City Ijamsville State MD Zip Code 21754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 25 / 2016**  
**Transaction ID : SA11AI.8917**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Thomas Malone**  
Full Name (Last, First, Middle Initial)

Mailing Address 11667 Fairmont Pl

City Ijamsville State MD Zip Code 21754

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 25 / 2016**

**Transaction ID : SA11AI.9002**

Amount of Each Receipt this Period **75.00**

Memo Item  
Payroll deduction

**B. Mollyann March**  
Full Name (Last, First, Middle Initial)

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 25 / 2016**

**Transaction ID : SA11AI.8787**

Amount of Each Receipt this Period **75.00**

Memo Item  
Payroll deduction

**c. Mollyann March**  
Full Name (Last, First, Middle Initial)

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **05 / 25 / 2016**

**Transaction ID : SA11AI.8874**

Amount of Each Receipt this Period **75.00**

Memo Item  
Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Stephen Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3336 O Street, NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8938**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**B. Omid Moayed**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8913 Cherbourg Drive  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8947**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**C. Allyson Morman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6509 Autumn Wind Circle  
 City Clarksville State MD Zip Code 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 01 / 2016**  
**Transaction ID : SA11AI.8748**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Allyson Morman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6509 Autumn Wind Circle

City Clarksville	State MD	Zip Code 21029
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2016

**Transaction ID : SA11AI.8749**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

**B. Allyson Morman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6509 Autumn Wind Circle

City Clarksville	State MD	Zip Code 21029
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2016

**Transaction ID : SA11AI.8750**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

**C. Allyson Morman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6509 Autumn Wind Circle

City Clarksville	State MD	Zip Code 21029
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2016

**Transaction ID : SA11AI.8751**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Allyson Morman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6509 Autumn Wind Circle  
 City Clarksville State MD Zip Code 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **05 / 27 / 2016**  
**Transaction ID : SA11AI.8752**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**B. Allyson Morman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6509 Autumn Wind Circle  
 City Clarksville State MD Zip Code 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 10 / 2016**  
**Transaction ID : SA11AI.8753**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**C. Allyson Morman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6509 Autumn Wind Circle  
 City Clarksville State MD Zip Code 21029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **06 / 23 / 2016**  
**Transaction ID : SA11AI.8754**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Danielle Mossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy State MD Zip Code 21771

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
Transaction ID : SA11AI.8998

Amount of Each Receipt this Period 50.00

Memo Item  
Payroll deduction

**B. Thomas Munro**  
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 25 / 2016  
Transaction ID : SA11AI.8838

Amount of Each Receipt this Period 75.00

Memo Item  
Payroll deduction

**C. Thomas Munro**  
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 25 / 2016  
Transaction ID : SA11AI.8925

Amount of Each Receipt this Period 75.00

Memo Item  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Thomas Munro**  
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 25 / 2016**

**Transaction ID : SA11AI.9010**

Amount of Each Receipt this Period **75.00**

Memo Item  
Payroll deduction

**B. Anna Nalls**  
Full Name (Last, First, Middle Initial)

Mailing Address 603 Queen Street, # 4

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 25 / 2016**

**Transaction ID : SA11AI.8765**

Amount of Each Receipt this Period **100.00**

Memo Item  
Payroll deduction

**C. Anna Nalls**  
Full Name (Last, First, Middle Initial)

Mailing Address 603 Queen Street, # 4

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 25 / 2016**

**Transaction ID : SA11AI.8852**

Amount of Each Receipt this Period **100.00**

Memo Item  
Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Anna Nalls**

Mailing Address 603 Queen Street, # 4

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8939**

Amount of Each Receipt this Period  
100.00

Memo Item  
Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Denis O'Fallon**

Mailing Address 12123 Merricks Court

City Monrovia	State MD	Zip Code 21770
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.9003**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Philip Owens**

Mailing Address 141 Adams St NW

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8940**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Kent Ozkum**  
Full Name (Last, First, Middle Initial)

Mailing Address 10720 Dern Road

City Emmitsburg State MD Zip Code 21727

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.9011**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

**B. Paul Park**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 Golden Oak Terrace

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8941**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

**C. Kestutis Pauliukonis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1813 Solitaire Lane

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8942**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Michael Peck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Farm Haven Court  
 City Rockville State MD Zip Code 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : SA11AI.8788**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll deduction

**B. Michael Peck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Farm Haven Court  
 City Rockville State MD Zip Code 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : SA11AI.8875**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll deduction

**C. Michael Peck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Farm Haven Court  
 City Rockville State MD Zip Code 20852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8961**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Ramani Peruvemba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 Fox Haven Drive  
 City McLean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8943**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**B. Eugen Pirovic**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3912 Calverton Drive  
 City Hyattsville State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8966**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**C. Naeem Poursharif**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9506 Edgeley Rd  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8955**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Jeffrey Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Granite Ridge Ct.  
 City Baltimore State MD Zip Code 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8981**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**B. Charles Rizzuto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6409 Pinehurst Rd  
 City Baltimore State MD Zip Code 21212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8978**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

**C. James Rothschild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Woodlawn Road  
 City Baltimore State MD Zip Code 21210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 25 / 2016**  
**Transaction ID : SA11AI.8812**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. James Rothschild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Woodlawn Road  
 City Baltimore State MD Zip Code 21210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 25 / 2016**  
**Transaction ID : SA11AI.8899**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 Payroll deduction

**B. James Rothschild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Woodlawn Road  
 City Baltimore State MD Zip Code 21210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.8985**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 Payroll deduction

**C. Leudvig Sardarian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11601 Brandy Hall Lane  
 City North Potomac State MD Zip Code 20878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2016**  
**Transaction ID : SA11AI.9014**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Mark Seymour**

Mailing Address 400 Herrs Ridge Road

City Gettysburg State PA Zip Code 17325

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.9004**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

Full Name (Last, First, Middle Initial)  
**B. Robert Study**

Mailing Address 6 Beall Spring Court

City Potomac State MD Zip Code 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.8962**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

Full Name (Last, First, Middle Initial)  
**C. Lisa Sullivan**

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016

**Transaction ID : SA11AI.9005**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Robert Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
Transaction ID : SA11AI.9006

Amount of Each Receipt this Period 50.00

Memo Item  
Payroll deduction

**B. Louis Swann**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6081

City McLean State VA Zip Code 22106

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
Transaction ID : SA11AI.8963

Amount of Each Receipt this Period 50.00

Memo Item  
Payroll deduction

**C. Rojack Tan**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 Goodland Place

City Rockville State MD Zip Code 20850

FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
Transaction ID : SA11AI.8964

Amount of Each Receipt this Period 50.00

Memo Item  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Reed Underwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2030 8th Street NW, #512  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8951**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**B. Arnaldo Valedon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Woodfield Court  
 City Reisterstown State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8991**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**C. Mark Vogt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1152 Colonial Road  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8965**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Christopher Wahlgren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Colvin Meadows Lane  
 City State Zip Code  
 Great Falls VA 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8945**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

**B. David Wheeler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7108 Collingwood Ct  
 City State Zip Code  
 Elkridge MD 21075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8979**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

**C. Thomas Wherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 611 W. 2nd Street  
 City State Zip Code  
 Frederick MD 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8995**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Howard Wilpon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18212 Wickham Road  
 City Oney State MD Zip Code 20832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8986**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**B. Monford Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4822 Tilly Drive  
 City Sykesville State MD Zip Code 21784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8994**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**C. You Wu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 Dunlavin Ct  
 City Timonium State MD Zip Code 21093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Colonies Anesthesia Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2016  
**Transaction ID : SA11AI.8980**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 41  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

**A. Aiqin Yu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13508 Gumspring Road  
 City State Zip Code  
 Rockville MD 20850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.8946**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

**B. Jungim Yun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2057 Thurston Road  
 City State Zip Code  
 Frederick MD 21704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 First Colonies Anesthesia Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : SA11AI.9007**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll deduction

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5850.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kathy Szeliga for Maryland**

Mailing Address PO Box 43516

City Nottingham State MD Zip Code 21236

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

**Transaction ID : SB23.9027**

Amount of Each Disbursement this Period

500.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

500.00
--------

500.00
--------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Barbara Marx Brocato & Associates**

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 20 / 2016

Transaction ID : **SB29.9024**

Amount of Each Disbursement this Period

2083.33

Memo Item

Full Name (Last, First, Middle Initial)

**B. Barbara Marx Brocato & Associates**

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2016

Transaction ID : **SB29.9025**

Amount of Each Disbursement this Period

2083.33

Memo Item

Full Name (Last, First, Middle Initial)

**C. Barbara Marx Brocato & Associates**

Mailing Address 18 Pinkney Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **SB29.9026**

Amount of Each Disbursement this Period

2083.33

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6249.99

6249.99